

NEW EMPLOYEE/CHANGE OF ADDRESS REQUEST

Type or print the information requested so that your pay records can be updated accurately.

INFORMATION ABOUT YOU

You must provide your Name and Social Security Number (SSN) to identify your pay account:

Name _____
Last First MI

Social Security No. _____ - _____ - _____ Organization: _____

CHANGE(S) TO BE MADE

_____ I am a new employee and this is an initial submission of my address.

_____ I request that my mailing address for my Leave and Earnings Statement (LES) be changed.

_____ I request that my mailing address for my bond(s) be changed.

_____ I request that my mailing address for TSP be changed.

_____ I request this change to be effective on _____.

FROM (Old Address):

TO (New Address):

1st Line: _____

1st Line: _____

2nd Line: _____

2nd Line: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

SIGNATURE OF EMPLOYEE

DATE

This form is subject to the Privacy Act of 1974 (5 USC 552a). The information requested will be used to update your records with your U.S. mailing address. Furnishing all requested information will expedite the process of updating your records. The effects of not providing all or part of the requested information may delay your receipt of applicable documents.